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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): STEVEN TISCHER			030536 (BLI-0162)
Application No.	Filing Date	Examiner	Group Art Unit
10/736,470	December 15, 2003	Levine	3625
Invention: SYSTEM AND METHOD FOR GENERATING DATA SETS ASSOCIATED WITH AN ENTITY			
<p>I hereby certify that this <u>RCE Transmittal, Amend. Trans. Ltr., Resp. to Office Action & Fee</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u> on <u>January 17, 2007</u> (Date)</p>			
<p><u>Sheila Smedick</u> (Typed or Printed Name of Person Signing Certificate)</p>  (Signature)			
<p>Note: Each paper must have its own certificate of mailing.</p>			

JAN 17 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): STEVEN TISCHER				Docket No. 030536 (BLL-0162)	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/736,470	December 15, 2003	Levine	36192	3625	3487
Invention: SYSTEM AND METHOD FOR GENERATING DATA SETS ASSOCIATED WITH AN ENTITY					
COMMISSIONER FOR PATENTS:					
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19	25 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3	5 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. in the amount of</p> <p><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p></p> <p style="text-align: center;">Signature</p>					
Dated: January 17, 2007					
<p>David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192</p>			<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;"><i>Signature of Person Mailing Correspondence</i></p>		
<p>CC:</p>					
<p><i>Typed or Printed Name of Person Mailing Correspondence</i></p>					